

Confirmation of Erasmus+ Study Period

STUDENT	
Family name:	
First name:	
Sex:	
Date of birth:	
SENDING INSTITUTION	
Country:	Czech Republic
Sending institution:	Janáček Academy of Music and Performing Arts Brno
Faculty/Department:	Theatre Faculty
RECEIVING INSTITUTION	
Country:	
Receiving institution:	
Faculty/Department:	
This is to certify that the st academic year.	udent has attended our institution from to of the 2019/2020
The official learning agree	ment – after the mobility will follow.
Date:	
Signed:	